
Part II

Diabetes Initiative of South Carolina

Strategic Plan Progress Report

Chapter One

Progress On Goals

The DSC was established by legislative action in July 1994. The DSC includes a board of directors and three councils: Diabetes Center, Outreach, and Surveillance. The Board and Councils have liaisons with the SCDPCP and the American Diabetes Association. The DSC is home-based at the MUSC and works closely with the University of South Carolina, the ORS for the Budget and Control Board, Carolina Medical Review, SC DHEC Bureau of Epidemiology, and SC DHEC Office of Public Health Statistics and Information System.

The missions of the DSC are to:

- Provide education about diabetes and its complications to the general public, individuals with diabetes, health professionals, and health care systems.
- Develop community-based programs to promote life-style change to prevent or delay the onset of diabetes and its complications.
- Provide ongoing epidemiological information and surveillance of diabetes and its complications.
- Work with other organized groups to improve outcomes for diabetes and its complications.
- Conduct research on selected clinical issues in diabetes.

DSC Diabetes Center Council

The DSC Diabetes Center of Excellence is established at the Medical University of South Carolina. The center shall develop and implement programs of professional education, specialized care and clinical research in diabetes and its complications, in accordance established by the DSC Board. The Center's activities are overseen and directed of the Center of Excellence advisory Council. The purpose of the Council is to:

- Review programs in professional education, specialized care, and clinical research developed by the center.
- Assist in the development of proposals for grant funding for the center's activities.'
- Prepare an annual report and budget proposal for submission to the DSC Board.

DSC Outreach Council

The DSC Outreach Council is charged with overseeing and directing efforts in patient education and primary care including:

- Promoting adherence to national standards of education and care.
- Ongoing assessment of patient care, costs, and reimbursement issues for persons with diabetes in South Carolina.
- Preparing an annual report and budget proposal for submission to the DSC Board.

DSC Surveillance Council

The Surveillance Council was established in 1995 to develop and implement a state-of-the-art system for the assessment of diabetes in South Carolina, and to provide a mechanism to evaluate interventions and control programs. The Council consists of diabetes care providers, epidemiologist, program specialist and researchers, and is staffed by data specialists at the SC DHEC and the MUSC. The Council operates with formal meetings and communications.

The Council has established the following objectives:

- Develop, implement and evaluate surveillance protocols and methodologies to assess diabetes awareness and knowledge, prevalence of diabetes, access to primary care, quality of diabetes self-management, and utilization of monitoring guidelines.
- Evaluate patient and professional education programs.
- Develop and maintain a mechanism to analyze mortality, morbidity, hospitalization and survey data in production of reports to describe the burden of diabetes in South Carolina.
- Develop, establish and maintain a registry of diabetic individuals with blindness.
- Analyze the effects of co-morbidities with diabetes.
- Establish and maintain an ongoing evaluation of the role of insurance and managed care companies in control of diabetes.
- Function as a central unit composed of multiple organizations and disciplines involved in the surveillance of diabetes in South Carolina.
- Function as a data and information resource for DSC, DPCP, and

Carolina Medical Review other organizations involved in diabetes control.

- Develop and maintain an Internet Website for distribution of information regarding diabetes in South Carolina.
- Establish a scientific forum to showcase diabetes research and projects in South Carolina.
- Establish a methodology to estimate the prevalence of diabetes in South Carolina based on clinical data.
- Establish a methodology to assess trends in diabetes-related outcomes and clinical practices.

DSC Strategic Plan

In 1998, the Board of Directors of the Diabetes Initiative of South Carolina approved a 10 Year Strategic Plan, which defined and quantified specific goals and objectives which would materially reduce the burden of diabetes in South Carolina. The report was developed by a widely representative committee and was reviewed and modified by Board members and critical organizations and agencies that deal with diabetes and its complications. The SC DHEC and DPCP were closely involved in developing the plan, and continues to work closely with the DSC in assuring its implementation. Some portions of this Burden Report serve as monitors for the Plan. The DSC has nine long-range goals:

1. Improve knowledge of diabetes, quality of life, and access to prevention and intervention services.
2. Increase utilization of short-term measures and actions.
3. Increase services and education in health professional shortage areas.

4. Reduce morbidity and disability.
5. Reduce (age-adjusted) mortality rates
6. Target high-risk groups.
7. Decrease preventable hospital admissions and charges.
8. Decrease preventable emergency room visits.
9. Improve statistical basis for estimating prevalence of diabetes and its complications.

DSC Long-Range Plan, Goals and Aims

In its 10-year (1998-2008) strategic plan, the DSC defined nine long-range goals for its mission. This report, as part of the joint effort between the DSC and SCDPCP to assess the burden of diabetes, prepares data for monitoring the progress of achieving these goals.

- Healthier lifestyles: nutrition, exercise, weight control
- Risk factor awareness: prevention, signs/symptoms of diabetes and complications

- Improve access to preventive services, screening and ongoing care: formalized
- Systematic care and education
- Improve self-management: use of key monitoring guidelines by persons with diabetes
- Expand financing: insurance and managed care coverage for education and care

The Board of Directors of the Diabetes Initiative of South Carolina is currently examining progress towards these goals at the Five-Year-Mark (2003) of its Ten-Year Strategic Plan (1998-2008). Much of the data obtained in serial Burden of DSC reports will be used in monitoring progress. Some of the problematic as well as encouraging trends are seen in this Burden Report.

A separate Progress Report directed specifically at the Strategic Plan will be prepared by the Councils of the Diabetes Initiative and presented to the Board for review and approval. This report will be complementary to the 2002 Burden of Diabetes in South Carolina report.

Chapter Two

Data Resources

Today, there are multiple organizations, agencies, and programs that are working to decrease the burden of diabetes in South Carolina. The purpose of this section is to outline diabetes data resources in South Carolina. It should be noted that these efforts are not all inclusive and the compilation of a more complete catalog of resources in South Carolina is ongoing. Anyone wishing to provide information in order to make the resources catalogue more inclusive can send contributions to the following address:

**SC DHEC Bureau of Epidemiology,
Division of Surveillance and Program
Support**

Patsy Myers, DrPH, MS, Director
SC DHEC
1800 St. Julian Place
Columbia SC 29201
(803) 545-4920

**Statewide Agencies that
Provide and Interpret
Data for Use in
Monitoring the Burden of
Diabetes**

**Diabetes Prevention and Control
Program**

Rhonda L. Hill, PhD, CHES
Diabetes Prevention and Control Program
SC DHEC
1751 Calhoun Street
Columbia, SC 29201
(803) 898-0537

The SCDPCP is housed and managed within the SC DHEC, Bureau of Chronic Disease Prevention and Health Promotion. The Program is administered by a core staff comprised of a Program Director/Coordinator, Epidemiologist, Intervention/

Evaluator, Health Systems Coordinator, Lay Health Facilitator, Statewide Coalition Coordinator, and an Administrative Assistant, and is funded by the Centers for Disease Control and Preventions (CDC).

The overall goal of the program is to reduce the burden of diabetes in South Carolina. The objectives include:

- Defining and monitoring the burden of diabetes in South Carolina (Surveillance);
- Developing new approaches to reduce the burden of diabetes;
- Implementing specific approaches to reduce the burden; and
- Coordinating and integrating efforts to reduce the burden.

Diabetes Initiative of South Carolina

John Colwell, MD, PhD, CDE
Chairman of Board
Medical University South Carolina
135 Rutledge Avenue, Room 273
Charleston, SC 29425
843-876-0968
Web site address:
<http://www.musc.edu/diabetes>

**SC DHEC Bureau of Epidemiology,
Division of Surveillance and Program
Support**

Patsy Myers, DrPH, MS, Director
SC DHEC
1800 St. Julian Place
Columbia SC 29201
(803) 545-4920

Established in 1998, within the new Bureau of Epidemiology, the DSPS is comprised of several specialized epidemiologists and

graduate assistants from the USC School of Public Health. Emphasis programs include diabetes, cardiovascular disease, and risk factor reduction. A close collaboration with the South Carolina Central Cancer Registry provides a capacity for cancer epidemiology as well. The Branch performs directed analyses in support of the chronic disease control programs of SC DHEC. The Division staff also responds to requests for data analyses from the SC DHEC district staff, health officials, and the public. DSPS leads the development of a variety of publications, and assists with the construction of others. Statistical analyses, interpretation, interpretation, and synthesis are principal capacities. DSPS database assets include vital records, hospital discharges, emergency room visits, BRFSS, demographic statistics; along with considerable graphic and mapping capacities. The Branch is the single point of contact for DHEC with disease cluster reports and small area investigations. The Branch is active with research programs from the medical schools and larger universities of the state.

Carolina Medical Review

Nelson Gunter, MD
250 Berry Hill Road
Suite 101
Columbia, SC 29210
803-731-8225

As a private, non-profit organization, Carolina Medical Review (CMR) is the Peer Review/Quality Improvement Organization for South Carolina. Funded by the Health Care Financing Administration, CMR assures that South Carolina's Medicare beneficiaries receive medically necessary health services furnished in the appropriate setting and that the quality of care provided meets professionally recognized standards of health care.

South Carolina Primary Health Care Association

2211 Alpine Rd.
P. O. Box 6923
Columbia, SC 29223
803-788-2778

The SCPHCA was formed in response to a need to make health care services available in medically underserved areas of South Carolina. The mission is to assure that adequate and appropriate quality health care services are accessible and affordable to every South Carolina community.

SCPHCA membership offers opportunities to network with other people, agencies, governmental officials, and health centers to develop strategies, policies and programs that lead to the effective delivery of primary health care. The SCPHCA provides services such as: advocacy, research, information sharing, continuing education and training, shared services arrangements, technical assistance, training and consultation, project collaboration, policy monitoring and analysis, grant preparation assistance, clearinghouse activities, community development, and contract negotiations.

South Carolina Health Alliance

Post Office Box 6009
West Columbia, SC 29171-6009
803-796-3080

The South Carolina Health Alliance is a private, not for profit organization. It is made of 1,000 member hospitals and health systems and about 900 personal members associated with our institutional members. To facilitate the continuous improvement of South Carolina's health status by representing and advocating; leading change; mediating problems; and providing a forum for ideas.

**South Carolina Budget and Control
Board Office of Research and Statistics
(ORS)**

The Health and Demographics Section of the Office of Research and Statistics receives, processes, distributes, and interprets health, demographic, and census data in South Carolina.

The Health Information maintained by the Health and Demographics Section includes: Medical record and billing data on inpatient hospital discharges, emergency room visits, and outpatient surgery; Inpatient health facilities; The South Carolina Client Master File; Licensed Health Manpower, Health Manpower Education; And periodic estimates of visits to private office physicians. Much of this data is presented on this website.

Addressing & Geocoding provides a means to understand and improve the distribution of limited resources by processes known as address matching and geocoding. Address matching integrates client databases, and geocoding pinpoints client locations on a map. When combined spatially, this information optimizes neighborhood communication between clients and service providers and also improves cooperation between agencies serving the same areas and clients. Much of this data is presented on this website

The Health and Demographics Statistical Section is the designated State Data Center for census information and acts as the coordinating unit for census information in the State. Census products include not only information from the Decennial Censuses but also from the Economic and Government Censuses and the County Business Patterns. Much of this data is presented on this website.

**Behavioral Risk Factor Surveillance
System**

CDC's BRFSS is a unique, state-based surveillance system active in all 50 states. This system is the primary source of state-based information on risk behaviors among adult populations. The system involves a lengthy survey questionnaire administered by phone.

The BRFSS was designed to allow comparisons between states, and between individual states and the nation. To facilitate comparisons, every state uses a similar method of selecting respondents and the same core questions.

The BRFSS of the SC DHEC was established in September 1985 through a cooperative agreement with the CDC. The primary purpose of the BRFSS is to collect and make available data on selected risk factors by conducting a monthly telephone survey of a representative sample of the state's adult (age 18 and over) population.

**Office of Public Health Statistics and
Information Systems**

The Office of Public Health Statistics and Information Services (PHSIS) consists of three (3) main divisions: The Division of Vital Registry (a population-based registry of all live births, deaths, fetal deaths, marriages, divorces, adoptions, and induced termination of pregnancy occurring in South Carolina); The Division of Cancer Registry (a population based registry of all incidents of cancer in South Carolina); and The Division of Biostatistics (a statistical, epidemiological, and spatial analytical unit). With these three Divisions, PHSIS contains the core elements needed to carry out the agency's surveillance and assessment responsibilities. The office is also responsible for conducting Internal Review Board oversight on all research conducted by the agency in order to ensure the protection of human subjects involved in research.

Internet Sites for National Diabetes Agencies and Organizations

American Diabetes Association

<http://www.ada.org>

1-800-232-6733

American Association Diabetes Educators

<http://www.aadenet.org>

1-800-383-3633

American Dietetic Association

<http://www.eatright.org>

1-800-877-1600

Juvenile Diabetes Foundation / Kids site

<http://www.jdf.org/kids>

National Certification Board for Diabetes Educators

NCBDE (CDE Exam)

<http://www.applmeapro.com/ncbde>

1-847-228-9795

National Diabetes Educator Initiative

<http://www.ndei.org/>

National Institutes of Health

<http://www.niddk.nih.gov>

National Diabetes Information Clearinghouse

<http://www.niddk.nih.gov/Brochures/NDIC.htm>

Center for Disease Control and Prevention

<http://www.cdc.gov/nccdphp/>

Summary

The preceding list of statewide and local resources for monitoring diabetes prevention and control is part of an ongoing effort to increase awareness and promote interventions that reduce the burden of diabetes. There are active efforts to train health care providers, to educate and

encourage persons with diabetes to take control of their diabetes through self-management (dietary changes, exercises, smoking cessation, seeking regular medical care, and performing visual inspections of extremities), and to promote changes in the health care system and the community to improve diabetes outcomes.